| B1 (Official Fo  | rm 1)(1/0  | 08)                         |                                   |  |   |   |                                      |  |   |                  |                        |                |  |  |
|--|--|-----------------------------|-----------------------------------|--|---|---|--------------------------------------|--|---|------------------|------------------------|----------------|--|--|
|  | United States Bankruptcy C<br>District of Arizona  |                             |                                   |  |   | Court   |                                      |  |   | Volun            | tary Petition          |                |  |  |
| Name of Debt<br>Helgeson   |  |                             | er Last, First,                   | Middle):   |   |   |                                      |  | ebtor (Spouse<br>JoAnn R.   | e) (Last, First, | (Last, First, Middle): |                |  |  |
| All Other Nam<br>(include marrie   | nes used b<br>ed, maider   | y the Debto<br>n, and trade | or in the last 8<br>e names):     | 3 years  |   |   | All Ot<br>(include                   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |   |                  |                        |                |  |  |
| Last four digits (if more than one <b>xxx-xx-85</b>  | e, state all)  | Sec. or Indi                | vidual-Taxpa                      | yer I.D. (   | ITIN) No./0   | Complete E  | (if mor                              | our digits of than one, s  | tate all)   | ,                |                        |                |  |  |
| Street Address of Debtor (No. and Street, City, and State): 700 Stoney End Cottonwood, AZ  ZIP Code 86326  |  |                             |                                   |  | 700<br>Co   | Street Address of Joint Debtor (No. and Street, City, and State): 700 Stoney End Cottonwood, AZ  ZIP Code 86326 |                                      |  |   |                  |                        |                |  |  |
| County of Res  | idence or  | of the Prin                 | cipal Place of                    | Business   |   | 00320   |                                      | y of Reside<br>/apai   | ence or of the  | Principal Plac   | ce of Business         |                |  |  |
| Mailing Address of Debtor (if different from street address): P.O. Box 3010 Cottonwood, AZ ZIP Code  |  |                             |                                   | P.C<br>Co  | g Address<br>D. Box 30<br>ttonwoo                         | 010   | tor (if differen                     | t from street ac   | ddress):  ZIP Code  |                  |                        |                |  |  |
|  | 86326  Location of Principal Assets of Business Debtor (if different from street address above): |                             |                                   |  |   |   |                                      |  |   |                  |                        |                |  |  |
| ■ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  |  |                             | Sing in 11 Railing Stoce Com Clea | (Check th Care Bu le Asset Re I U.S.C. § Toad kbroker modity Bro ring Bank er  Tax-Exe (Check beck tor is a tax- er Title 26 c | eal Estate as<br>101 (51B)                                | e)<br>anization<br>d States   | defined<br>"incurr                   | the I er 7 er 9 er 11 er 12 er 13 are primarily co   | r of Bankruptcy Code Under Which Petition is Filed (Check one box)  Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  Nature of Debts (Check one box)  onsumer debts, Debts are primarily business debts. idual primarily for household purpose." |                  |                        |                |  |  |
| Filing Fee (Check one box)  Full Filing Fee attached  Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  A plan is being filed with this pet Acceptances of the plan were sol classes of creditors, in accordance |  |                             |                                   | ncontingent lic<br>are less than<br>with this petition<br>in were solicite   | defined in 11 r as defined in quidated debts \$2,190,000. | 11 U.S.C. § 101(51D).  (excluding debts owed  from one or more  |                                      |  |   |                  |                        |                |  |  |
| Statistical/Add  ☐ Debtor esti ☐ Debtor esti there will b  | imates tha   | t funds will                | be available                      | erty is exc  | cluded and  | administrat   |                                      | es paid,   |   | THIS             | SPACE IS FOR           | COURT USE ONLY |  |  |
| 1-   | nber of Cr<br>50-<br>99  | reditors  100- 199          | 200-                              | 1,000-<br>5,000  | 5,001-<br>10,000  | 10,001-<br>25,000   | 25,001-<br>50,000                    | 50,001-<br>100,000   | OVER 100,000  |                  |                        |                |  |  |
| \$0 to   | ets<br>\$50,001 to<br>\$100,000  | \$100,001 to<br>\$500,000   | \$500,001<br>to \$1               | \$1,000,001<br>to \$10<br>million  | \$10,000,001<br>to \$50<br>million                        | \$50,000,001<br>to \$100<br>million   | \$100,000,001<br>to \$500<br>million | \$500,000,001<br>to \$1 billion  |   |                  |                        |                |  |  |
| \$0 to   | \$50,001 to \$100,000  | \$100,001 to<br>\$500,000   | to \$1                            | \$1,000,001<br>to \$10<br>million  | \$10,000,001<br>to \$50<br>million                        | \$50,000,001<br>to \$100<br>million   | \$100,000,001<br>to \$500<br>million | \$500,000,001 to \$1 billion   |   |                  |                        |                |  |  |

B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Helgeson, Kelly G. Helgeson, JoAnn R. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Lonnie K. McDowell October 1, 2009 Signature of Attorney for Debtor(s) (Date) Lonnie K. McDowell Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(1/08) Page 3

Signatures

#### **Voluntary Petition**

(This page must be completed and filed in every case)

#### Helgeson, Kelly G. Helgeson, JoAnn R.

Name of Debtor(s):

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Kelly G. Helgeson

Signature of Debtor Kelly G. Helgeson

#### X /s/ JoAnn R. Helgeson

Signature of Joint Debtor JoAnn R. Helgeson

Telephone Number (If not represented by attorney)

#### October 1, 2009

Date

#### Signature of Attorney\*

#### X /s/ Lonnie K. McDowell

Signature of Attorney for Debtor(s)

#### Lonnie K. McDowell

Printed Name of Attorney for Debtor(s)

#### Gordon & Gordon Attorneys at Law, PLLC

Firm Name

850 Cove Parkway Suite A Cottonwood, AZ 86326

Address

## Email: michael@gordonlawaz.com

(928)649-8609 Fax: (928)649-8612

Telephone Number

#### October 1, 2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### **Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D(Official Form 1, Exhibit D) (12/08)

## United States Bankruptcy Court District of Arizona

|       | Kelly G. Helgeson |           |          |   |
|-------|-------------------|-----------|----------|---|
| In re | JoAnn R. Helgeson |           | Case No. |   |
|       |                   | Debtor(s) | Chapter  | 7 |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D(Official Form 1, Exhibit D) (12/08) - Cont. □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: /s/ Kelly G. Helgeson Kelly G. Helgeson

Date: October 1, 2009

| <u>Cert</u>                       | CIFICATE OF COUNSELING                              |
|-----------------------------------|---|
| I CERTIFY that on                 | , at o'clock,                                       |
|                                   | received from                                       |
|                                   | 11 U.S.C. § 111 to provide credit counseling in the |
|                                   | , an individual [or group] briefing that complie    |
| with the provisions of 11 U.S.C.  | . §§ 109(h) and 111.                                |
| A debt repayment plan             | If a debt repayment plan was prepared, a copy of    |
| the debt repayment plan is attacl | hed to this certificate.                            |
| This counseling session was con   | nducted   |
|                                   |   |
| Date:                             | By  |
|                                   | Name  |
|                                   | Title   |
|                                   |   |
|                                   |   |

B 1D(Official Form 1, Exhibit D) (12/08)

## United States Bankruptcy Court District of Arizona

|       | Kelly G. Helgeson |           |          |   |
|-------|-------------------|-----------|----------|---|
| In re | JoAnn R. Helgeson |           | Case No. |   |
|       |                   | Debtor(s) | Chapter  | 7 |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D(Official Form 1, Exhibit D) (12/08) - Cont. □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone. □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. I certify under penalty of perjury that the information provided above is true and correct. Signature of Debtor: /s/ JoAnn R. Helgeson JoAnn R. Helgeson Date: October 1, 2009

| <u>Cert</u>                       | CIFICATE OF COUNSELING                              |
|-----------------------------------|---|
| I CERTIFY that on                 | , at o'clock,                                       |
|                                   | received from                                       |
|                                   | 11 U.S.C. § 111 to provide credit counseling in the |
|                                   | , an individual [or group] briefing that complie    |
| with the provisions of 11 U.S.C.  | . §§ 109(h) and 111.                                |
| A debt repayment plan             | If a debt repayment plan was prepared, a copy of    |
| the debt repayment plan is attacl | hed to this certificate.                            |
| This counseling session was con   | nducted   |
|                                   |   |
| Date:                             | By  |
|                                   | Name  |
|                                   | Title   |
|                                   |   |
|                                   |   |

## **United States Bankruptcy Court District of Arizona**

| In re | Kelly G. Helgeson, |         | Case No. |   |
|-------|--------------------|---------|----------|---|
|       | JoAnn R. Helgeson  |         |          |   |
| _     |                    | Debtors | Chapter  | 7 |

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES  | OTHER    |
|---|----------------------|------------------|-------------------|--------------|----------|
| A - Real Property   | Yes                  | 1                | 639,000.00        |              |          |
| B - Personal Property   | Yes                  | 4                | 42,152.50         |              |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |              |          |
| D - Creditors Holding Secured Claims  | Yes                  | 2                |                   | 1,033,787.07 |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 3                |                   | 84,000.00    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 6                |                   | 485,539.26   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |              |          |
| H - Codebtors   | Yes                  | 1                |                   |              |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 1                |                   |              | 4,775.00 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |              | 9,421.28 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 22               |                   |              |          |
|   | To                   | otal Assets      | 681,152.50        |              |          |
|   |                      |                  | Total Liabilities | 1,603,326.33 |          |

## **United States Bankruptcy Court**District of Arizona

| District of 11   | 1120114                   |                     |               |  |
|--|---------------------------|---------------------|---------------|--|
| Kelly G. Helgeson,<br>JoAnn R. Helgeson  |                           | Case No.            |               |  |
| D  | ebtors                    | Chapter             | 7             |  |
| STATISTICAL SUMMARY OF CERTAIN LIA  f you are an individual debtor whose debts are primarily consumer de a case under chapter 7, 11 or 13, you must report all information reque | ots, as defined in § 101( |                     | ·             |  |
| ☐ Check this box if you are an individual debtor whose debts are I report any information here.  | NOT primarily consumer    | r debts. You are no | t required to |  |
| This information is for statistical purposes only under 28 U.S.C. §  | 159.                      |                     |               |  |
| Summarize the following types of liabilities, as reported in the Sch   | edules, and total them.   |                     |               |  |
| Type of Liability  | Amount                    |                     |               |  |
| Domestic Support Obligations (from Schedule E)   | 0.                        | 00                  |               |  |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)   | 84,000.                   | 00                  |               |  |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)  | 0.                        | 00                  |               |  |
| Student Loan Obligations (from Schedule F)   | 0.                        | 00                  |               |  |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E   | 0.                        | 00                  |               |  |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)  | 0.                        | 00                  |               |  |
| TOTAL  | 84,000.                   | 00                  |               |  |
| State the following:   |                           |                     |               |  |
| Average Income (from Schedule I, Line 16)  | 4,775.                    | 00                  |               |  |
| Average Expenses (from Schedule J, Line 18)  | 9,421.                    | 28                  |               |  |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)   | 4,478.                    | 00                  |               |  |
| State the following:   |                           |                     |               |  |
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column   |                           |                     | 367,787.07    |  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column   | 84,000.                   | 00                  |               |  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column   |                           |                     | 0.00          |  |

5. Total of non-priority unsecured debt (sum of 1, 3, and 4)

4. Total from Schedule F

485,539.26

853,326.33

| In  | re |
|-----|----|
| 111 | 10 |

Kelly G. Helgeson, JoAnn R. Helgeson

| Case No. |  |  |
|----------|--|--|
|          |  |  |

Debtors

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property  | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |
|---|--|---|--|----------------------------|
| Single family residence at 700 Stoney End Lane,<br>Cottonwood, Arizona  |  | С   | 450,000.00   | 738,483.97                 |
| Single family home at 304 E. Aspen, Cottonwood, AZ 86326 - owned jointly with Ernie Carrillo. Mr. Carrillo is on the deed but he is not on the liens. |  | J   | 189,000.00   | 251,023.30                 |

Sub-Total > **639,000.00** (Total of this page)

Total > **639,000.00** 

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property  | N O Description and Location of Prope E                                    | Joint, or | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----|---|--|-----------|---|
| 1. | Cash on hand  | х  |           |   |
| 2. | Checking, savings or other financial  | Chase sales checking account, 3566   | С         | 145.00  |
|    | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and                             | Chase personal checking account, 1442                                      | С         | 26.50   |
|    | homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.  | Chase Tithe checking account   | С         | 56.00   |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.  | x  |           |   |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.  | 3 beds, 4 couches, 3 chairs, table, 7 dresse washer/dryer, appliances, tvs | ers, C    | 1,930.00  |
| 5. | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles. | X  |           |   |
| 6. | Wearing apparel.  | Women's and men's everyday clothing  | С         | 300.00  |
| 7. | Furs and jewelry.   | Wedding rings  | С         | 600.00  |
| 8. | Firearms and sports, photographic,  | 35 mm camera   | С         | 20.00   |
|    | and other hobby equipment.  | Binoculars   | С         | 1,000.00  |
|    |   | Rifle 300 weatherby, colt pistol, 2 SKS rifles pistol                      | s, .38 C  | 1,000.00  |
|    |   | Kimber Pistol  | С         | 350.00  |
|    |   | 300 Win Mag rifle  | С         | 475.00  |

| Sub-Total >          | 5,902.50 |
|----------------------|----------|
| (Total of this page) |          |

<sup>3</sup> continuation sheets attached to the Schedule of Personal Property

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   | (Communion Silver)                         |   |   |
|-----|---|--|---|---|
|     | Type of Property  | N O Description and Location of Property E | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 9.  | Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.  | Term life insurance                        | С   | 0.00  |
| 10. | Annuities. Itemize and name each issuer.  | x  |   |   |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X  |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | x  |   |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | x  |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X  |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | x  |   |   |
| 16. | Accounts receivable.  | x  |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | x  |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | x  |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | x  |   |   |
|     |   |  |   |   |
|     |   |  | Sub-Tota                                    | al > <b>0.00</b>  |

Sheet \_\_1\_\_ of \_\_3\_\_ continuation sheets attached to the Schedule of Personal Property

(Total of this page)

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | у      | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|--------|---|---|
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |        |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |        |   |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |        |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |        |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | х                |   |        |   |   |
| 25. | Automobiles, trucks, trailers, and  |                  | 2003 Dodge Truck  |        | С   | 12,000.00   |
|     | other vehicles and accessories.   |                  | 2004 Cadillac Escalade  |        | С   | 15,000.00   |
|     |   |                  | 1968 Ford Mustang   |        | С   | 2,500.00  |
|     |   |                  | 2001 Polaris Quad   |        | С   | 2,500.00  |
| 26. | Boats, motors, and accessories.   | X                |   |        |   |   |
| 27. | Aircraft and accessories.   | X                |   |        |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |   |        |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  |                  | Kohler 30KW Generator, General Generator, Coleman Generator, Quicksaw Huskvarna |        | С   | 4,250.00  |
| 30. | Inventory.  | X                |   |        |   |   |
| 31. | Animals.  | X                |   |        |   |   |
|     |   |                  |   |        |   |   |
|     |   |                  |   | (Total | Sub-Tota of this page)                      | al > <b>36,250.00</b>   |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|         | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---------|---|------------------|--------------------------------------|---|---|
|         | ops - growing or harvested. Give rticulars.                     | X                |                                      |   |   |
|         | rming equipment and<br>plements.                                | X                |                                      |   |   |
| 34. Far | rm supplies, chemicals, and feed.                               | X                |                                      |   |   |
|         | her personal property of any kind<br>t already listed. Itemize. | X                |                                      |   |   |

Sub-Total > (Total of this page)

Total > **42,152.50** 

0.00

In re

Kelly G. Helgeson, JoAnn R. Helgeson

Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | Check if debtor claims a homestead exemption that exceeds |
|---|---|
| (Check one box)   | \$136,875.  |
| ☐ 11 U.S.C. §522(b)(2)  |   |
| ■ 11 U.S.C. §522(b)(3)  |   |

| Description of Property   | Specify Law Providing<br>Each Exemption               | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |  |
|---|---|----------------------------------|---|--|
| Real Property Single family residence at 700 Stoney End Lane, Cottonwood, Arizona   | Ariz. Rev. Stat. § 33-1101(A)                         | 0.00                             | 450,000.00  |  |
| Checking, Savings, or Other Financial Accounts, C   | Certificates of Deposit                               |                                  |   |  |
| Chase sales checking account, 3566  | Ariz. Rev. Stat. § 33-1126A9                          | 145.00                           | 145.00  |  |
| Chase Tithe checking account  | Ariz. Rev. Stat. § 33-1126A9                          | 56.00                            | 56.00   |  |
| Household Goods and Furnishings 3 beds, 4 couches, 3 chairs, table, 7 dressers, washer/dryer, appliances, tvs                         | Ariz. Rev. Stat. § 33-1123                            | 1,930.00                         | 1,930.00  |  |
| Wearing Apparel Women's and men's everyday clothing   | Ariz. Rev. Stat. § 33-1125(1)                         | 300.00                           | 300.00  |  |
| Furs and Jewelry<br>Wedding rings   | Ariz. Rev. Stat. § 33-1125(4)                         | 600.00                           | 600.00  |  |
| Firearms and Sports, Photographic and Other Hob   |   |                                  |   |  |
| Kimber Pistol   | Ariz. Rev. Stat. § 33-1125(7)                         | 350.00                           | 350.00  |  |
| 300 Win Mag rifle   | Ariz. Rev. Stat. § 33-1125(7)                         | 475.00                           | 475.00  |  |
| Automobiles, Trucks, Trailers, and Other Vehicles   |   |                                  |   |  |
| 1968 Ford Mustang   | Ariz. Rev. Stat. § 33-1125(8)                         | 2,500.00                         | 2,500.00  |  |
| 2001 Polaris Quad   | Ariz. Rev. Stat. § 33-1125(8)                         | 2,500.00                         | 2,500.00  |  |
| Machinery, Fixtures, Equipment and Supplies Use<br>Kohler 30KW Generator, General Generator,<br>Coleman Generator, Quicksaw Huskvarna | <u>d in Business</u><br>Ariz. Rev. Stat. § 33-1130(1) | 4,250.00                         | 4,250.00  |  |

| Total: | 13.106.00 | 463.106.00 |
|--------|-----------|------------|

In re

Kelly G. Helgeson, JoAnn R. Helgeson

Debtors

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R  | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN   | CONT_RGEN | _ Q D            | D I S P U T E D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--|------------------------|--|-----------|------------------|-----------------|--|---------------------------------|
| Account No. 45000288141  |  |                        | Opened 11/09/05 Last Active 8/01/09  | Ť         | Ā<br>T<br>E<br>D | İ               |  |                                 |
| Arizona State Cu<br>2355 W Pinnacle Peak Rd<br>Phoenix, AZ 85027                                     |  | С                      | 2004 Cadillac Escalade   |           | D                |                 |  |                                 |
|  |  |                        | Value \$ 15,000.00   |           |                  |                 | 23,933.80  | 8,933.80                        |
| Account No. 3824265701   |  |                        | Opened 8/02/06 Last Active 8/29/09   |           |                  |                 |  |                                 |
| Citi Auto<br>2208 Highway 121 Ste 100<br>Bedford, TX 76021   |  | С                      | 2003 Dodge Truck   |           |                  |                 |  |                                 |
|  |  |                        | Value \$ 12,000.00   |           |                  |                 | 20,346.00  | 8,346.00                        |
| Account No. 8307051086  GMAC Mortgage P.O. Box 4622  Waterloo, IA 50704-4622                         |  | С                      | 2006 Single family home at 304 E. Aspen, Cottonwood, AZ 86326 - owned jointly with Ernie Carrillo. Mr. Carrillo is on the deed but he is not on the liens.                               |           |                  |                 |  |                                 |
|  |  |                        | Value \$ 189,000.00  |           |                  |                 | 26,427.30  | 26,427.30                       |
| Account No. 307720974  Gmac Mortgage Po Box 4622  Waterloo, IA 50704                                 |  | С                      | Opened 5/30/06 Last Active 5/13/09 Single family home at 304 E. Aspen, Cottonwood, AZ 86326 - owned jointly with Ernie Carrillo. Mr. Carrillo is on the deed but he is not on the liens. |           |                  |                 |  |                                 |
|  |  |                        | Value \$ 189,000.00  |           |                  |                 | 224,596.00   | 35,596.00                       |
| continuation sheets attached   | continuation sheets attached Subtotal (Total of this page) |                        |  |           | 295,303.10       | 79,303.10       |  |                                 |

| In re | Kelly G. Helgeson, |         | Case No. |  |
|-------|--------------------|---------|----------|--|
|       | JoAnn R. Helgeson  |         |          |  |
| _     |                    | Debtors | -,       |  |

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)                           | C O D E B T O R | Hu<br>H<br>W<br>J<br>C |  | Zm0Z-4Z00 | DNLLQULDA   | ロヨーのコーロ    | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|-----------------|------------------------|--|-----------|-------------|------------|--|---------------------------------|
| Account No. 1006232266   |                 |                        | Opened 9/09/04 Last Active 9/04/09                                     | Т         | T<br>E<br>D |            |  |                                 |
| Indymac Bank<br>P.O. Box 78826<br>Phoenix, AZ 85062  | _               | С                      | Single family residence at 700 Stoney<br>End Lane, Cottonwood, Arizona |           | D           |            |  |                                 |
|  |                 | L                      | Value \$ 450,000.00  |           |             |            | 456,386.00   | 6,386.00                        |
| Account No. 013964584849680  |                 |                        | 2005   |           |             |            |  |                                 |
| National City Bank<br>P.O. Box 856153<br>Louisville, KY 40285  |                 | С                      | Single family residence at 700 Stoney<br>End Lane, Cottonwood, Arizona |           |             |            |  |                                 |
|  |                 |                        | Value \$ 450,000.00  | 1         |             |            | 282,097.97   | 282,097.97                      |
| Account No.  |                 |                        | Value \$   |           |             |            |  |                                 |
| Account No.  | t               | ┢                      | value ψ  | H         |             | Н          |  |                                 |
| Account No.  |                 |                        | Value \$   |           |             |            |  |                                 |
|  |                 |                        | Value \$   |           | ots         | 1          |  |                                 |
| Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  Subtotal (Total of this page) |                 |                        |  |           |             | 738,483.97 | 288,483.97   |                                 |
|  |                 |                        | (Report on Summary of Sc   | T         | ota         | .1         | 1,033,787.07   | 367,787.07                      |

| <br>10 |
|--------|

Kelly G. Helgeson, JoAnn R. Helgeson

Debtors

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority

| Report the total of anothins enduded to prioring instead of each sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  |
|--|
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report thi total also on the Statistical Summary of Certain Liabilities and Related Data. |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| ☐ Domestic support obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. $\S$ 507(a)(3).   |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).                                  |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ■ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or  |

continuation sheets attached

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Kelly G. Helgeson, JoAnn R. Helgeson

| Case No. |  |
|----------|--|
|          |  |

Debtors

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community CODEBTOR UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, AND MAILING ADDRESS S P U T Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W INGENT AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 2008 Account No. 86-0835301 **Unemployment taxes for 2008 Arizona Department of Economic** Unknown Security PO Box 6028 С Phoenix, AZ 85005-6028 Unknown 0.00 Account No. 86-0835301 2009 **Unemployment taxes for 2009 Arizona Department of Economic** Unknown Security P.O. Box 504097 С Saint Louis, MO 63150 Unknown 0.00 2008 Account No. 86-0835301 State income tax (payroll) for 2008 - 2009 **Arizona Department of Revenue** 0.00 (estimated) P.O. Box 29085 Phoenix, AZ 85038 C 14,000.00 14,000.00 Account No. 86-0835301 2008 Sales tax for 2008 **Arizona Department of Revenue** Unknown P.O. Box 29085 Phoenix, AZ 85038 С Unknown 0.00 Account No. 86-0835301 2009 Sales tax for 2009 **Arizona Department of Revenue** Unknown P.O. Box 29085 Phoenix, AZ 85038 С Unknown 0.00 Subtotal 0.00 Sheet 1 of 2 continuation sheets attached to

(Total of this page)

Schedule of Creditors Holding Unsecured Priority Claims

14,000.00

14,000.00

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CONTINGENT CREDITOR'S NAME, SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) Account No. 86-0835301 2009 Federal income tax (payroll) for 2008 and Internal Revenue Service 2009 (estimated) 0.00 Ogden, UT 84201 С 70,000.00 70,000.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet **2** of **2** continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 70,000.00 70,000.00 0.00 (Report on Summary of Schedules) 84,000.00 84,000.00

| •     |                    |
|-------|--------------------|
| In re | Kelly G. Helgeson, |
|       | JoAnn R. Helgeson  |

| Case No. |  |
|----------|--|
|          |  |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the

claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

|   |          |                        | •   |           |                |          |           |                 |
|---|----------|------------------------|---|-----------|----------------|----------|-----------|-----------------|
| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | Z _ C O _ C    | DISPUTED |           | AMOUNT OF CLAIM |
| Account No. <b>L76718-7</b>   |          |                        | Canceled insurance  | T         | Ā<br>T<br>E    |          |           |                 |
| Acuity/Powers-Leavitt Insurance<br>P.O. Box 125<br>Buckeye, AZ 85326  |          | С                      |   |           | D              |          |           | 1,797.25        |
| Account No. <b>68170105815899</b>   |          |                        | Opened 4/01/96 Last Active 8/01/09  |           | Н              | Г        | $\dagger$ |                 |
| Bank Of America<br>4161 Piedmont Pkwy<br>Greensboro, NC 27410   |          | С                      | Line of credit  |           |                |          |           | 1,749.91        |
| Account No. <b>68170212039999</b>   | ┢        |                        | Business debt   | ┢         | Н              | H        | +         | ·               |
| Bank of America<br>P.O. Box 30750<br>Los Angeles, CA 90030-0750   |          | С                      |   |           |                |          |           | 9,662.99        |
| Account No. <b>000252127886</b>   | ┢        |                        | 2009  | $\vdash$  | $\vdash\vdash$ | $\vdash$ | +         | 2,002.00        |
| Bank of America<br>P.O. Box 25118<br>Tampa, FL 33622  |          | С                      | Overdrawn checking account  |           |                |          |           |                 |
|   |          |                        |   |           |                |          |           | 547.00          |
|   |          |                        | (Total of t   |           | tota<br>pag    |          | $\int$    | 13,757.15       |

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

|   | С               | Нι          | sband, Wife, Joint, or Community  | Тс         | Τu       | Ti | σТ        |                 |
|---|-----------------|-------------|---|------------|----------|----|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H<br>W<br>J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | QU I DAT |    | S  <br>P  | AMOUNT OF CLAIM |
| Account No. 280754  | ł               |             | Business debt   | 1          | Ė        |    |           |                 |
| CAT Financial<br>P.O. Box 100647<br>Pasadena, CA 91189-0647                                       |                 | С           |   |            |          |    |           | 1,580.00        |
| Account No. 001-0439156-000   |                 |             | 2008  | Τ          | T        | Ť  | T         |                 |
| CAT Financial<br>PO Box 340001<br>Nashville, TN 37203-0001  |                 | С           | Deficient amount on repossessed CAT loader  |            |          |    |           | 40,917.75       |
| Account No. <b>554241</b>   | ╀               | $\vdash$    | Opened 9/12/08  | +          | ╀        | +  | $\dashv$  |                 |
| Central Credit Flagsta<br>8433 N Black Canyon Hwy<br>Phoenix, AZ 85021                            |                 | w           | Collection Vv Med Center Anesth   |            |          |    |           | 1,550.00        |
| Account No. 4246-3112-2204-0120   | t               | T           | Opened 1/21/99 Last Active 9/13/09  | T          | t        | †  | $\forall$ |                 |
| Chase<br>Po Box 15298<br>Wilmington, DE 19850   |                 | н           | Credit card purchases   |            |          |    |           | 4,323.58        |
| Account No. 5156-9100-0064-9351   | Ī               |             | Credit card purchases   | T          | T        | †  | 7         |                 |
| Citi Business<br>Po Box 6401<br>The Lakes, NV 88901-6415  |                 | С           |   |            |          |    |           | 10,224.84       |
| Sheet no1 of _5 sheets attached to Schedule of  |                 |             |   | Sub        |          |    | - 1       | 58,596.17       |
| Creditors Holding Unsecured Nonpriority Claims (Total of  |                 |             |   |            | pa       | ge | :) [      | 55,555.17       |

| In re | Kelly G. Helgeson, |
|-------|--------------------|
|       | JoAnn R. Helgeson  |

| Case No. |  |  |
|----------|--|--|
|          |  |  |

| GD ED WOOD G AVAN CE  | С        | Hu          | sband, Wife, Joint, or Community  | 1           | С         | U           | D             |                 |
|---|----------|-------------|---|-------------|-----------|-------------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AN<br>CONSIDERATION FOR CLAIM. IF CL<br>IS SUBJECT TO SETOFF, SO STAT | AIM         | CONFLEGEN | UNLIGUIDATE | I S P U T E D | AMOUNT OF CLAIM |
| Account No. D24064N1  |          |             | Opened 1/28/08  |             | Т         | T<br>E      |               |                 |
| Corpcoll<br>6908 E Thomas Rd Suite 200<br>Scottsdale, AZ 85251                                    |          | н           | Collection 09 Purcell Western S   | -           |           | D           |               | 7,801.00        |
| Account No. 6879450204008605945   |          |             | 2006  |             |           |             |               |                 |
| Dell Financial<br>P.O. Box 5275<br>Carol Stream, IL 60197-6403                                    |          | С           | Charge Account  |             |           |             |               | 436.00          |
| Account No. 120476318   |          |             | Unpaid advertising bill   |             |           |             |               |                 |
| Dex Media West<br>P.O. Box 79167<br>Phoenix, AZ 85062-9167  |          | С           |   |             |           |             |               | 893.07          |
| Account No. G04360  |          |             | Opened 6/02/08  |             |           |             | Г             |                 |
| Healthcare Coll Inc<br>2432 W Peoria Ave # 4-10<br>Phoenix, AZ 85029                              |          | С           | Collection Verde Valley Med Cen   |             |           |             |               | 7,240.00        |
| Account No. <b>G04199</b>   |          |             | Opened 6/02/08  |             |           |             |               |                 |
| Healthcare Coll Inc<br>2432 W Peoria Ave # 4-10<br>Phoenix, AZ 85029                              |          | С           | Collection Verde Valley Med Cen   |             |           |             |               | 1,926.00        |
| Sheet no. 2 of 5 sheets attached to Schedule of   |          |             |   |             |           | tota        |               | 18,296.07       |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (7  | Total of th | is        | pag         | e)            | 10,200.07       |

| In re | Kelly G. Helgeson, | Case No. |
|-------|--------------------|----------|
|       | JoAnn R. Helgeson  |          |

| CREDITOR'S NAME,  | С        | Hu          | sband, Wife, Joint, or Community  | Ç         | Ü                     | D             |                 |
|---|----------|-------------|---|-----------|-----------------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)          | CODEBTOR | C<br>J<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTLNGEN | I QUI                 | I S P U T E D | AMOUNT OF CLAIM |
| Account No.   |          |             | Business debt   | 7         | D<br>A<br>T<br>E<br>D |               |                 |
| Hilton Financial<br>c/o Tiffany & Bosco<br>255 E. Camelback Rd.<br>Phoenix, AZ 85016-9240 |          | С           |   |           | D                     |               | 303,159.59      |
| Account No. <b>043150088352</b>   |          |             | Opened 10/15/05 Last Active 8/01/09   |           |                       |               |                 |
| Kohls/Chase<br>N56 W 17000 Ridgewood Dr<br>Menomonee Falls, WI 53051                      |          | w           | Charge Account  |           |                       |               | 879.00          |
| Account No. 38593101  |          |             | 2008  | +         | +                     | H             |                 |
| LCA Collections P.O. Box 2240 Burlington, NC 27216-2240                                   |          | С           | Collection account  |           |                       |               | 141.00          |
| Account No.   |          |             | Unpaid account  | T         | T                     |               |                 |
| MDI Material Delivery INC<br>PO Box 71369<br>Phoenix, AZ 85050-1369                       |          | С           |   |           |                       |               | 391.58          |
| Account No. <b>295510</b>   |          |             | Deficient amount on broken vehicle leases,  | T         | T                     | t             |                 |
| Park Western Leasing<br>P.O. Box 973470<br>Dallas, TX 75397-3470                          |          | С           | 2000 Peterbilt Dump Truck   |           |                       |               | 6,435.56        |
| Sheet no. 3 of 5 sheets attached to Schedule of   |          |             |   |           | tota                  |               | 311,006.73      |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of   | his       | pag                   | ge)           |                 |

| In re | Kelly G. Helgeson, | Case No. |
|-------|--------------------|----------|
|       | JoAnn R. Helgeson  |          |

| CDEDITOD'S NAME  | Č        | Нι          | sband, Wife, Joint, or Community  | C         | U            | D   |                 |
|--|----------|-------------|---|-----------|--------------|-----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)          | CODEBTOR | C<br>J<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UZLIQUIDATED | ۱۲  | AMOUNT OF CLAIM |
| Account No. 132046   |          |             | 2008  | Т         | T            |     |                 |
| PDC Pages<br>PO Box 2277<br>Orem, UT 84059-2277  |          | С           | Unpaid advertising bill   |           | D            |     | 300.00          |
| Account No. 9286465021F 5052   |          |             | Unpaid Utility bill   |           |              |     |                 |
| Qwest<br>P.O. Box 29040<br>Phoenix, AZ 85038   |          | С           |   |           |              |     | 273.25          |
|  |          | L           |   | ╄         | ╄            | ╙   | 210.20          |
| Account No. 5049-9480-4661-0210  Sears PO Box 688956 Des Moines, IA 50368                                  |          | С           | 2007<br>Charge Account  |           |              |     | 1,956.00        |
| Account No.  |          |             | Deficient amount on surrendered 2 acre lot  |           |              | Г   |                 |
| Trust Company of America<br>Custodian for Ruth Merrill<br>7103 South Revere Parkway<br>Englewood, CO 80112 |          | С           |   |           |              |     | 45,000.00       |
| Account No.  |          |             | Unpaid fuel bill  |           |              | T   |                 |
| United Fuel<br>PO Box 972176<br>Dallas, TX 75397-2176  |          | С           |   |           |              |     | 33,733.66       |
| Sheet no. 4 of 5 sheets attached to Schedule of  |          |             | 2   | Sub       | tota         | ıl  | 81,262.91       |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total of t   | his       | pag          | ge) | 01,202.91       |

| In re | Kelly G. Helgeson, | Case No. |
|-------|--------------------|----------|
|       | JoAnn R. Helgeson  |          |

| CREDITOR'S NAME,   | С               | Н           | usband, Wife, Joint, or Community      | C         | U            | D   | , |                 |
|--|-----------------|-------------|--|-----------|--------------|-----|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C<br>A<br>H | CONSIDERATION FOR CLAIM. IF CLAIM      | ONTINGENT | UNLIQUIDA    |     |   | AMOUNT OF CLAIM |
| Account No. 026992548300004,00001,00005  | T               | t           | Unpaid debt for business phone service | T         | DATED        |     | r |                 |
| Verizon Wireless<br>P.O. Box 9622<br>Mission Hills, CA 91346-9622                |                 | С           |  |           | D            |     |   | 2,620.23        |
| Account No.  | t               | t           |  | 十         | T            | t   | + |                 |
|  |                 |             |  |           |              |     |   |                 |
| Account No.  |                 | T           |  | Т         | Г            |     | Т |                 |
|  |                 |             |  |           |              |     |   |                 |
| Account No.  |                 |             |  |           |              |     |   |                 |
|  |                 |             |  |           |              |     |   |                 |
| Account No.  |                 |             |  |           |              |     |   |                 |
|  |                 |             |  |           |              |     |   |                 |
| Sheet no. <b>5</b> of <b>5</b> sheets attached to Schedule of                    |                 |             | 2                                      | Subt      | tota         | ıl  | Τ | 2 620 22        |
| Creditors Holding Unsecured Nonpriority Claims                                   |                 |             | (Total of the                          | his       | pag          | ge) | , | 2,620.23        |
|  |                 |             | (Report on Summary of Sc               |           | Γota<br>dule |     | Ĺ | 485,539.26      |

| •   |    |
|-----|----|
| l n | ra |
|     | 10 |

Kelly G. Helgeson, JoAnn R. Helgeson

| Case No. |
|----------|
|          |

Debtors

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Beaver Creek Development PO Box 35 Jerome, AZ 86331 Owner carry on piece of vacant land, Debtors paid partial purchase price, then surrendered property back to owner.

| In | re |  |
|----|----|--|
|    |    |  |

Kelly G. Helgeson, JoAnn R. Helgeson

Debtors

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

|       | Kelly G. Helgeson |  |
|-------|-------------------|--|
| In re | JoAnn R. Helgeson |  |

| Case N |
|--------|
|--------|

#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:  | DEPEN  | DENTS OF DEBTOR AND SPOU    | JSE      |          |       |
|---|--|-----------------------------|----------|----------|-------|
| Married   | RELATIONSHIP(S):  Daughter  Daughter  Son      | AGE(S):<br>12<br>17 mc<br>5 | os.      |          |       |
| <b>Employment:</b>  | DEBTOR   |                             | SPOUSE   |          |       |
| Occupation  |  |                             |          |          |       |
| Name of Employer  |  |                             |          |          |       |
| How long employed   |  |                             |          |          |       |
| Address of Employer   |  |                             |          |          |       |
| INCOME: (Estimate of average or   | projected monthly income at time case filed)   |                             | DEBTOR   | SI       | POUSE |
|   | commissions (Prorate if not paid monthly)      | \$                          | 0.00     | \$       | 0.00  |
| 2. Estimate monthly overtime  |  | \$                          | 0.00     | \$       | 0.00  |
| 3. SUBTOTAL   |  | \$                          | 0.00     | \$       | 0.00  |
| 3. SOBTOTAL   |  |                             |          |          |       |
| 4. LESS PAYROLL DEDUCTIONS  | S  |                             |          |          |       |
| <ul> <li>a. Payroll taxes and social secu</li> </ul>  | urity  | \$                          | 0.00     | \$       | 0.00  |
| b. Insurance  |  | \$                          | 0.00     | \$       | 0.00  |
| c. Union dues   |  | \$                          | 0.00     | \$       | 0.00  |
| d. Other (Specify):   |  |                             | 0.00     | \$       | 0.00  |
|   |  | \$                          | 0.00     | \$       | 0.00  |
| 5. SUBTOTAL OF PAYROLL DEI  | DUCTIONS                                       | \$                          | 0.00     | \$       | 0.00  |
| 6. TOTAL NET MONTHLY TAKE   | E HOME PAY                                     | \$                          | 0.00     | \$       | 0.00  |
|   | f business or profession or farm (Attach detai | iled statement) \$          | 0.00     | \$       | 0.00  |
| 8. Income from real property  |  | \$                          | 0.00     | \$       | 0.00  |
| 9. Interest and dividends   |  | \$                          | 0.00     | \$       | 0.00  |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use dependents listed above |  | tor's use or that of \$     | 0.00     | \$       | 0.00  |
| 11. Social security or government as (Specify):   | ssistance                                      | \$                          | 0.00     | \$       | 0.00  |
|   |  |                             | 0.00     | \$       | 0.00  |
| 12. Pension or retirement income  |  |                             | 0.00     | \$       | 0.00  |
| 13. Other monthly income  |  | <u> </u>                    |          | <u> </u> |       |
|   | cycling scrap metal, hunt guide                | \$                          | 4,330.00 | \$       | 0.00  |
| Mobimark inc  |  | \$                          | 445.00   | \$       | 0.00  |
| 14. SUBTOTAL OF LINES 7 THR   | OUGH 13  | \$                          | 4,775.00 | \$       | 0.00  |
| 15. AVERAGE MONTHLY INCOM   | ME (Add amounts shown on lines 6 and 14)       | \$                          | 4,775.00 | \$       | 0.00  |
| 16. COMBINED AVERAGE MON  | THLY INCOME: (Combine column totals fr         | rom line 15)                | \$       | 4,775.00 |       |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

|      | Kelly G. Helgeson |
|------|-------------------|
| n re | JoAnn R. Helgeson |

| ( | Case | No |
|---|------|----|
|   |      |    |

Debtor(s)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| $\square$ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete expenditures labeled "Spouse."  | ete a separat | e schedule of |
|--|---------------|---------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$            | 4,782.33      |
| a. Are real estate taxes included? Yes No _X_  | · · ·         |               |
| b. Is property insurance included? Yes No _X   |               |               |
| 2. Utilities: a. Electricity and heating fuel  | \$            | 578.00        |
| b. Water and sewer   | \$            | 0.00          |
| c. Telephone   | \$            | 165.00        |
| d. Other See Detailed Expense Attachment   | \$            | 114.00        |
| 3. Home maintenance (repairs and upkeep)   | \$            | 50.00         |
| 4. Food  | \$            | 500.00        |
| 5. Clothing  | \$            | 100.00        |
| 6. Laundry and dry cleaning  | \$            | 0.00          |
| 7. Medical and dental expenses   | \$            | 200.00        |
| 8. Transportation (not including car payments)   | \$            | 450.00        |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$            | 100.00        |
| 10. Charitable contributions   | \$            | 576.00        |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |               |               |
| a. Homeowner's or renter's   | \$            | 55.75         |
| b. Life  | \$            | 88.00         |
| c. Health  | \$            | 0.00          |
| d. Auto  | \$            | 240.74        |
| e. Other   | \$            | 0.00          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |               |               |
| (Specify)  | \$            | 0.00          |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |               |               |
| a. Auto  | \$            | 535.46        |
| b. Other cadillac  | \$            | 686.00        |
| c. Other   | \$            | 0.00          |
| 14. Alimony, maintenance, and support paid to others   | \$            | 0.00          |
| 15. Payments for support of additional dependents not living at your home  | \$            | 0.00          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$            | 0.00          |
| 17. Other <b>Education</b>   | \$            | 200.00        |
| Other  | \$            | 0.00          |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)                               | \$            | 9,421.28      |
| <ul><li>19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:</li><li>20. STATEMENT OF MONTHLY NET INCOME</li></ul> | _             |               |
| A  | ¢             | 4,775.00      |
|  | \$<br>\$      | 9,421.28      |
| <ul><li>b. Average monthly expenses from Line 18 above</li><li>c. Monthly net income (a. minus b.)</li></ul>   | \$<br>        | -4,646.28     |
| c. Monuny net meonie (a. minus 0.)   | Ψ             | 7,070.20      |

| D/T   | A 000 . 1 | T (T)   | (40/05) |
|-------|-----------|---------|---------|
| B6J ( | Official  | Form 6J | (12/07) |

cial Form 6J) (12/07) Kelly G. Helgeson

| In re | JoAnn R. Helgeson | Case No.  |  |
|-------|-------------------|-----------|--|
|       |                   | Debtor(s) |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Detailed Expense Attachment

#### **Other Utility Expenditures:**

| Cable/Satellite                  | <br>62.00    |
|----------------------------------|--------------|
| Garbage                          | \$<br>52.00  |
| Total Other Utility Expenditures | \$<br>114.00 |

## **United States Bankruptcy Court District of Arizona**

| In re | Kelly G. Helgeson<br>JoAnn R. Helgeson |           | Case No. |   |
|-------|--|-----------|----------|---|
|       | -                                      | Debtor(s) | Chapter  | 7 |
|       |  |           |          |   |

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

|      |         | DECLARATION UNDER | PENALTY ( | OF PERJURY BY INDIVIDUAL DEBTOR   |
|------|---------|-------------------|-----------|---|
|      | 24      | 1 1 1 1           |           | ad the foregoing summary and schedules, consisting of est of my knowledge, information, and belief. |
| Date | October | 1, 2009           | Signature | /s/ Kelly G. Helgeson Kelly G. Helgeson Debtor  |
| Date | October | 1, 2009           | Signature | /s/ JoAnn R. Helgeson JoAnn R. Helgeson Joint Debtor  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

## United States Bankruptcy Court District of Arizona

| In re | Kelly G. Helgeson<br>JoAnn R. Helgeson |           | Case No. |   |
|-------|--|-----------|----------|---|
|       |  | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT       | SOURCE  |
|--------------|---|
| \$-17,093.00 | 2007, Operation of business, net loss   |
| \$21,600.00  | 2007, Wages, Husband  |
| \$11,400.00  | 2007, Wages, Wife   |
| \$-61,194.93 | 2008, Operation of business, net loss   |
| \$51,875.00  | 2008, Wages, Husband  |
| \$15,511.80  | 2009, As of March 2009 when business became inactive, Operation of business, net profit |
| \$0.00       | 2009 YTD, Wages, Husband  |

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT SOURCE** 

#### 3. Payments to creditors

None 

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR Indymac Bank P.O. Box 78826 Phoenix, AZ 85062

DATES OF **PAYMENTS** August 2009

AMOUNT PAID \$2,300.00

AMOUNT STILL OWING

\$456,000.00

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such

transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> AMOUNT DATES OF PAID OR PAYMENTS/ VALUE OF

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL

AMOUNT STILL

**OWING** 

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

**TRANSFERS** 

AMOUNT PAID

**TRANSFERS** 

**OWING** 

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None П

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER Hilton Financial Corporation Civil Collections v. Helgeson, CV 2008-022652

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION Superior Court of Arizona, STATUS OR DISPOSITION pending

Maricopa County, Hon. Edward O. Burke, Judge of Superior Court of Arizona. 125 W Washington-OCH, Phoenix, AZ 85003

**Pending** 

United Fuel & Energy v. **Down Under Construction,** Inc., CV 82009-0306

**Civil collections** 

Yavapai County Superior Court, 3505 W Highway 260 Ste 102, Camp Verde, AZ

86322

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>CREDITOR OR SELLER<br>Park Western Leasing<br>P.O. Box 973470<br>Dallas, TX 75397-3470 | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN<br>March 2009 | DESCRIPTION AND VALUE OF PROPERTY  99 Sterling Dump Truck (\$22,000), 98 Volvo Dump Truck (\$30,000) with additional collateral of 1992 Peterbilt (\$12,000) and 1987 Mack (\$10,000), Debtor owed \$57,225. |
|---|--|--|
| Park Western Leasing<br>P.O. Box 973470<br>Dallas, TX 75397-3470  | March 2009   | 2 John Deere loaders (\$20,000 each) with additional collateral of 1993 Freightliner with roll-off (\$11,000), Value Unknown, Debtor owed \$52,415.  |
| Park Western Leasing<br>P.O. Box 973470<br>Dallas, TX 75397-3470  | March 2009   | 2000 Peterbilt Dump Truck (\$40,000), Debtor owed \$60,582,  |
| Park Western Leasing<br>P.O. Box 973470<br>Dallas, TX 75397-3470  | March 2009   | 1985 International Dump Truck (\$10,000), Debtor owed \$8,685.   |
| Trust Company of America<br>Custodian for Ruth Merrill<br>7103 South Revere Parkway<br>Englewood, CO 80112    | 7/31/08  | 2 acre bare lot, \$170,000   |
| CAT Financial<br>P.O. Box 34001<br>Nashville, TN 37203-0001   | 3/27/09  | CAT Loader, \$100,000.   |

# 6. Assignments and receiverships

NAME AND ADDRESS OF ASSIGNEE

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF ASSIGNMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS
OF COURT
OF CUSTODIAN

OF COURT
CASE TITLE & NUMBER
ORDER

PROPERTY

TERMS OF ASSIGNMENT OR SETTLEMENT

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION Emmanuel Fellowship 1580 E. Fir St Cottonwood, AZ 86326 RELATIONSHIP TO DEBTOR, IF ANY **None** 

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

Last 12 months \$6.917.

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE
Corporate Turnaround
95 Route 17 South
Paramus, NJ 07652

DATE OF PAYMENT,

NAME OF PAYOR IF OTHER

THAN DEBTOR

2008

AMOUNT OF MONEY

OR DESCRIPTION AND VALUE

OF PROPERTY

\$5.890. for debt counseling for

business

Gordon & Gordon, PLLC 850 Cove Parkway Suite A Cottonwood, AZ 86326 9/23/09

\$1,550

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION Bank of America P.O. Box 25118 Tampa, FL 33622 | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Business checking account, \$0.00 | AMOUNT AND DATE OF SALE<br>OR CLOSING<br>\$0.00, 6/23/09 |
|--|--|--|
| Bank of America<br>P.O. Box 25118<br>Tampa, FL 33622                           | Personal checking account, \$2,45  | \$2.45, 6/23/09  |
| Bank of America<br>P.O. Box 25118<br>Tampa, FL 33622                           | Personal checking account, \$-72.41  | \$-72.41, 6/23/0 <b>9</b>                                |
| Bank of America<br>P.O. Box 25118<br>Tampa, FL 33622                           | Personal checking account, \$0.00  | \$0.00, 6/23/09  |

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

DESCRIPTION AND VALUE OF

NAME AND ADDRESS OF OWNER

**PROPERTY** 

LOCATION OF PROPERTY

### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

DATES OF OCCUPANCY **ADDRESS** NAME USED

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL
RESS GOVERNMENTAL UNIT NOTICE LAW

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c List all judicial or administrative proceedings including settlements or orders, under any Environmental Law with res

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NAME (ITIN)/ COMPLETE EIN **Down Under** 

86-0835301

**ADDRESS** PO Box 3010

Cottonwood, AZ 86326

NATURE OF BUSINESS **Excavating & Trucking** 

1993 to March 2009, business license is inactive and

**BEGINNING AND** 

**ENDING DATES** 

suspended

Fogco, LLC 20-2169107 P.O. Box 3010 Cottonwood, AZ 86326 Investment properties

Unknown to mid

2008

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



Construction

**ADDRESS** NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None 

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS John Mahon Accounting 1770 E Villa Drive Cottonwood, AZ 86326

DATES SERVICES RENDERED Last several years to present

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

**ADDRESS** NAME

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

 ${\bf 23}$  . With drawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
DATE AND PURPOSE
OF WITHDRAWAL
OR DESCRIPTION AND
VALUE OF PROPERTY

# 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

# NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

# DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | October 1, 2009 | Signature | /s/ Kelly G. Helgeson |
|------|-----------------|-----------|-----------------------|
|      |                 | _         | Kelly G. Helgeson     |
|      |                 |           | Debtor                |
| Doto | October 1, 2009 | Cianatura | /c/ JoAnn B. Holgoson |
| Date | October 1, 2009 | Signature | /s/ JoAnn R. Helgeson |
|      |                 |           | JoAnn R. Helgeson     |
|      |                 |           | Joint Debtor          |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

# United States Bankruptcy Court District of Arizona

|   | District                    | oi Arizona                                   |                     |                                   |
|---|-----------------------------|--|---------------------|-----------------------------------|
| Kelly G. Helgeson   |                             |  | C N-                |                                   |
| In re JoAnn R. Helgeson   | ]                           | Debtor(s)                                    | Case No.<br>Chapter | 7                                 |
|   |                             |  |                     |                                   |
| CHAPTER 7   | INDIVIDUAL DEBTO            | OR'S STATEMENT                               | OF INTEN            | NTION                             |
| <b>PART A -</b> Debts secured by property property of the estate. Attack  |                             |  | ed for <b>EAC</b>   | <b>H</b> debt which is secured by |
| Property No. 1  |                             |  |                     |                                   |
| Creditor's Name:<br>Arizona State Cu  |                             | Describe Property So<br>2004 Cadillac Escala |                     | <b>t:</b>                         |
| Property will be (check one):   |                             | 1  |                     |                                   |
| ■ Surrendered   | ☐ Retained                  |  |                     |                                   |
| If retaining the property, I intend to (che ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain                |                             | oid lien using 11 U.S.C.                     | . § 522(f)).        |                                   |
| Property is (check one):  |                             |  |                     |                                   |
| ☐ Claimed as Exempt   |                             | ■ Not claimed as exe                         | mpt                 |                                   |
| D . N .   |                             | 1  |                     |                                   |
| Property No. 2  |                             |  |                     |                                   |
| Creditor's Name:<br>Citi Auto   |                             | Describe Property So<br>2003 Dodge Truck     | ecuring Deb         | <b>:</b>                          |
| Property will be (check one):   |                             |  |                     |                                   |
| ☐ Surrendered   | ■ Retained                  |  |                     |                                   |
| If retaining the property, I intend to (che ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explaindebtors will co |                             | reaffirmation (for ex                        | ample, avoid        | lien using 11 U.S.C. § 522(f)).   |
| Property is (check one):  |                             |  |                     |                                   |
| ☐ Claimed as Exempt   |                             | ■ Not claimed as exe                         | mpt                 |                                   |
| PART B - Personal property subject to u<br>Attach additional pages if necessary.)                                     | nexpired leases. (All three | columns of Part B mus                        | st be complet       | ed for each unexpired lease.      |
| Property No. 1  |                             |  |                     |                                   |
| Lessor's Name:  | Describe Leased Pro         | operty:                                      | Lease will b        | e Assumed pursuant to 11          |

-NONE-

U.S.C. § 365(p)(2):

□ NO

□ YES

B8 (Form 8) (12/08) Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

| Date | October 1, 2009 | Signature | /s/ Kelly G. Helgeson       |  |
|------|-----------------|-----------|-----------------------------|--|
|      |                 |           | Kelly G. Helgeson<br>Debtor |  |
|      |                 |           | Debioi                      |  |
| Date | October 1, 2009 | Signature | /s/ JoAnn R. Helgeson       |  |
|      |                 |           | JoAnn R. Helgeson           |  |
|      |                 |           | Joint Debtor                |  |

# United States Bankruptcy Court District of Arizona

**District of Arizona** Kelly G. Helgeson JoAnn R. Helgeson Case No. In re Debtor(s) Chapter DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept..... 1,550.00 Prior to the filing of this statement I have received. 1.550.00 Balance Due 0.00 The source of the compensation paid to me was: 2. Debtor ☐ Other (specify): The source of compensation to be paid to me is: 3. Debtor ☐ Other (specify): 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: 5. a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: 6. Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Dated: October 1, 2009 /s/ Lonnie K. McDowell Lonnie K. McDowell Gordon & Gordon Attorneys at Law, PLLC 850 Cove Parkway Suite A

Cottonwood, AZ 86326

(928)649-8609 Fax: (928)649-8612 michael@gordonlawaz.com

# UNITED STATES BANKRUPTCY COURT DISTRICT OF ARIZONA

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# **Chapter 7:** Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

**B 201** (12/08)

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

# **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

# **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

# **Certificate of Attorney**

X /s/ Lonnie K. McDowell

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Printed Name of Attorney                    | Signature of Attorney           | Date            |
|---|---------------------------------|-----------------|
| Address:                                    |                                 |                 |
| 850 Cove Parkway                            |                                 |                 |
| Suite A                                     |                                 |                 |
| Cottonwood, AZ 86326<br>(928)649-8609       |                                 |                 |
| michael@gordonlawaz.com                     |                                 |                 |
|   | Certificate of Debtor           |                 |
| I (We), the debtor(s), affirm that I (we) h |                                 |                 |
| Kelly G. Helgeson                           |                                 |                 |
| JoAnn R. Helgeson                           | X /s/ Kelly G. Helgeson         | October 1, 2009 |
| Printed Name(s) of Debtor(s)                | Signature of Debtor             | Date            |
| Case No. (if known)                         | X /s/ JoAnn R. Helgeson         | October 1, 2009 |
| <del></del>                                 | Signature of Joint Debtor (if a | any) Date       |

Lonnie K. McDowell

October 1, 2009

# United States Bankruptcy Court District of Arizona

| In re   | Kelly G. Helgeson<br>JoAnn R. Helgeson                                 |   | Case No.       |                               |
|---------|--|---|----------------|-------------------------------|
| 11110   |  | Debtor(s)                                     | Chapter        | 7                             |
|         |  | DECLARATION                                   |                |                               |
| consist | We, Kelly G. Helgeson and JoAnn ing of _4 sheet(s), is complete, corre | R. Helgeson, do hereby certify, under         |                | that the Master Mailing List, |
| COHSISE | ing of sheet(s), is complete, corre                                    | ct and consistent with the debtor(s) sci      | nedules.       |                               |
|         |  |   |                |                               |
| Date:   | October 1, 2009  | /s/ Kelly G. Helgeson                         |                |                               |
|         |  | Kelly G. Helgeson                             |                |                               |
|         |  | Signature of Debtor                           |                |                               |
| Date:   | October 1, 2009  | /s/ JoAnn R. Helgeson                         |                |                               |
|         |  | JoAnn R. Helgeson                             |                |                               |
|         |  | Signature of Debtor                           |                |                               |
| Date:   | October 1, 2009  | /s/ Lonnie K. McDowell                        |                |                               |
|         |  | Signature of Attorney                         |                |                               |
|         |  | Lonnie K. McDowell                            | at Law DLLC    |                               |
|         |  | Gordon & Gordon Attorneys<br>850 Cove Parkway | s at Law, PLLC |                               |
|         |  | Suite A                                       |                |                               |
|         |  | Cottonwood, AZ 86326                          |                |                               |
|         |  | (928)649-8609 Fax: (928)64                    | 9-8612         |                               |

ACUITY/POWERS-LEAVITT INSURANCE P.O. BOX 125
BUCKEYE AZ 85326

ALLIED AMERICAN CREDIT, LLC P.O. BOX 3766 SPOKANE WA 99220

ARIZONA DEPARTMENT OF ECONOMIC SECURITY PO BOX 6028 PHOENIX AZ 85005-6028

ARIZONA DEPARTMENT OF ECONOMIC SECURITY P.O. BOX 504097 SAINT LOUIS MO 63150

ARIZONA DEPARTMENT OF REVENUE P.O. BOX 29085 PHOENIX AZ 85038

ARIZONA STATE CU 2355 W PINNACLE PEAK RD PHOENIX AZ 85027

BANK OF AMERICA 4161 PIEDMONT PKWY GREENSBORO NC 27410

BANK OF AMERICA P.O. BOX 30750 LOS ANGELES CA 90030-0750

BANK OF AMERICA P.O. BOX 25118 TAMPA FL 33622

BEAVER CREEK DEVELOPMENT PO BOX 35 JEROME AZ 86331

CAT FINANCIAL
P.O. BOX 100647
PASADENA CA 91189-0647

CAT FINANCIAL PO BOX 340001 NASHVILLE TN 37203-0001

CENTRAL CREDIT FLAGSTA 8433 N BLACK CANYON HWY PHOENIX AZ 85021

CHASE PO BOX 15298 WILMINGTON DE 19850

CITI AUTO 2208 HIGHWAY 121 STE 100 BEDFORD TX 76021

CITI BUSINESS PO BOX 6401 THE LAKES NV 88901-6415

CORPCOLL 6908 E THOMAS RD SUITE 200 SCOTTSDALE AZ 85251

DEBT ALERT P.O. BOX 491 RICHFIELD OH 44286

DELL FINANCIAL P.O. BOX 5275 CAROL STREAM IL 60197-6403

DEX MEDIA WEST P.O. BOX 79167 PHOENIX AZ 85062-9167

GMAC MORTGAGE P.O. BOX 4622 WATERLOO IA 50704-4622

GMAC MORTGAGE PO BOX 4622 WATERLOO IA 50704

HEALTHCARE COLL INC 2432 W PEORIA AVE # 4-10 PHOENIX AZ 85029

HILTON FINANCIAL C/O TIFFANY & BOSCO 255 E. CAMELBACK RD. PHOENIX AZ 85016-9240

INDYMAC BANK
P.O. BOX 78826
PHOENIX AZ 85062

INTERNAL REVENUE SERVICE OGDEN UT 84201

KOHLS/CHASE N56 W 17000 RIDGEWOOD DR MENOMONEE FALLS WI 53051

LCA COLLECTIONS
P.O. BOX 2240
BURLINGTON NC 27216-2240

MDI MATERIAL DELIVERY INC PO BOX 71369 PHOENIX AZ 85050-1369

NATIONAL CITY BANK P.O. BOX 856153 LOUISVILLE KY 40285

ONEWEST BANK 6900 BEATRICE DRIVE KALAMAZOO MI 49009

PARK WESTERN LEASING P.O. BOX 973470 DALLAS TX 75397-3470

PDC PAGES
PO BOX 2277
OREM UT 84059-2277

QWEST P.O. BOX 29040 PHOENIX AZ 85038

RUTH & FRED MERRILL 80 GROUNDS DRIVE SEDONA AZ 86336

SEARS
PO BOX 688956
DES MOINES IA 50368

STEPHEN D. BURTON 5450 EAST FIFTH STREET TUCSON AZ 85711-2334

TIFFANY & BOSCO 2525 EAST CAMELBACK ROAD PHOENIX AZ 85016

TRUST COMPANY OF AMERICA CUSTODIAN FOR RUTH MERRILL 7103 SOUTH REVERE PARKWAY ENGLEWOOD CO 80112

UNITED FUEL PO BOX 972176 DALLAS TX 75397-2176

VERIZON WIRELESS P.O. BOX 9622 MISSION HILLS CA 91346-9622

|              | Kelly G. Helgeson |   |  |  |
|--------------|-------------------|---|--|--|
| In re        | JoAnn R. Helgeson | According to the information required to be entered on this statement |  |  |
|              | Debtor(s)         | (check one box as directed in Part I, III, or VI of this statement):  |  |  |
| Case Number: |                   | ☐ The presumption arises.   |  |  |
|              | (If known)        |   |  |  |
|              |                   | ■ The presumption does not arise.                                     |  |  |
|              |                   | $\square$ The presumption is temporarily inapplicable.                |  |  |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|    | Part I. MILITARY AND NON-CONSUMER DEBTORS  |
|----|--|
| 1A | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
|    | □ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |
| 1B | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |
|    | ☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.   |
|    | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | □ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard   |
|    | <ul> <li>a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and</li> <li>☐ I remain on active duty /or/</li> <li>☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;</li> </ul>  |
|    | OR   |
|    | <ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>   |

|    | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7   | ) EXCLUSION                             |   |
|----|---|---|---|
|    | Marital/filing status. Check the box that applies and complete the balance of this part of this state   | ment as directed.                       |   |
|    | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  |   |   |
|    | b. $\square$ Married, not filing jointly, with declaration of separate households. By checking this box, do "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and |   |   |
| 2  | purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete</b> of   |   |   |
| 2  | for Lines 3-11.   | ,                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|    | c. $\square$ Married, not filing jointly, without the declaration of separate households set out in Line 2.b  | above. Complete b                       | oth Column A                            |
|    | ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  |   |   |
|    | d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("  | Spouse's Income'')                      | for Lines 3-11.                         |
|    | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before       | Column A                                | Column B                                |
|    | the filing. If the amount of monthly income varied during the six months, you must divide the   | Debtor's                                | Spouse's                                |
|    | six-month total by six, and enter the result on the appropriate line.   | Income                                  | Income                                  |
| 3  | Gross wages, salary, tips, bonuses, overtime, commissions.  | \$ 4,478.00                             | \$ 0.00                                 |
|    | <b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u>                                |
|    | enter the difference in the appropriate column(s) of Line 4. If you operate more than one   |   |   |
|    | business, profession or farm, enter aggregate numbers and provide details on an attachment. Do  |   |   |
| 4  | not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.   |   |   |
| 4  | Debtor Spouse   |   |   |
|    | a. Gross receipts \$ 0.00 \$ 0.00   |   |   |
|    | b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00   |   |   |
|    | c. Business income Subtract Line b from Line a  | \$ 0.00                                 | \$ 0.00                                 |
|    | <b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in  |   |   |
|    | the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b> part of the operating expenses entered on Line b as a deduction in Part V.                         |   |   |
| 5  | Debtor Spouse   |   |   |
| 3  | a. Gross receipts \$ 0.00 \$ 0.00   |   |   |
|    | b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00  |   |   |
|    | c. Rent and other real property income Subtract Line b from Line a  | \$ 0.00                                 | \$ 0.00                                 |
| 6  | Interest, dividends, and royalties.   | \$ 0.00                                 | \$ 0.00                                 |
| 7  | Pension and retirement income.  | \$ 0.00                                 | \$ 0.00                                 |
|    | Any amounts paid by another person or entity, on a regular basis, for the household   |   |   |
| 8  | <b>expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your                |   |   |
|    | spouse if Column B is completed.  | \$ 0.00                                 | \$ 0.00                                 |
|    | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9.  |   |   |
|    | However, if you contend that unemployment compensation received by you or your spouse was a   |   |   |
| 9  | benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |   |   |
|    |   |   |   |
|    | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00   |   |   |
|    |   | \$ 0.00                                 | \$ 0.00                                 |
|    | <b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your</b>  |   |   |
|    | spouse if Column B is completed, but include all other payments of alimony or separate  |   |   |
|    | maintenance. Do not include any benefits received under the Social Security Act or payments   |   |   |
| 10 | received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.   |   |   |
| 10 | Debtor Spouse   |   |   |
|    | a.  |   |   |
|    | b. \$ \$  |   |   |
|    | Total and enter on Line 10  | \$ 0.00                                 | \$ 0.00                                 |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if  |   | Φ • • •                                 |
|    | Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).  | \$ 4,478.00                             | \$ 0.00                                 |

| 12 | <b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.                                    |         | 4,478.00         |
|----|---|---------|------------------|
|    | Part III. APPLICATION OF § 707(b)(7) EXCLUSION  |         |                  |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.  | \$      | 53,736.00        |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |         |                  |
|    | a. Enter debtor's state of residence: AZ b. Enter debtor's household size: 5  | \$      | 78,767.00        |
|    | <b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed.  |         |                  |
| 15 | ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.   | does no | ot arise" at the |
|    | ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.   |         |                  |

 $Complete\ Parts\ IV,\ V,\ VI,\ and\ VII\ of\ this\ statement\ only\ if\ required.\ (See\ Line\ 15.)$ 

|     | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2   |          |  |  |
|-----|---|----------|--|--|
| 16  | Enter the amount from Line 12.  | <b>s</b> |  |  |
| 17  | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.   |          |  |  |
|     | a.  | \$       |  |  |
| 18  | Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.   | \$       |  |  |
|     | Part V. CALCULATION OF DEDUCTIONS FROM INCOME   |          |  |  |
|     | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)   |          |  |  |
| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | \$       |  |  |
| 19B | National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |          |  |  |
|     | Household members under 65 years of age  a1. Allowance per member  b1. Number of members  b2. Number of members  c1. Subtotal  Household members 65 years of age or older  a2. Allowance per member  b2. Number of members  c2. Subtotal  | \$       |  |  |
| 20A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court).  | \$       |  |  |

| 20B | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>   |   |                                 |    |
|-----|---|---|---------------------------------|----|
|     | b. Average Monhome, if any,   | and Utilities Standards; mortgage/rental expense<br>hthly Payment for any debts secured by your<br>as stated in Line 42 | \$                              |    |
|     | c. Net mortgage   | rental expense  | Subtract Line b from Line a.    | \$ |
| 21  | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:   |   |                                 | \$ |
| 22A | Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.   |   |                                 |    |
|     | If you checked 0, en<br>Transportation. If yo<br>Standards: Transpor<br>Census Region. (Th  | \$  |                                 |    |
| 22B | <b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |   |                                 | \$ |
| 23  | Local Standards: to you claim an owners vehicles.)  1 2 or more.  Enter, in Line a belo (available at www.u Monthly Payments to the result in Line 23   |   |                                 |    |
|     | b. 1, as stated in  |   | \$                              |    |
|     | c. Net ownershi   | p/lease expense for Vehicle 1   | Subtract Line b from Line a.    | \$ |
| 24  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  [a. IRS Transportation Standards, Ownership Costs] \$ |   |                                 |    |
|     | Average Moi   | nthly Payment for any debts secured by Vehicle  |                                 |    |
|     | <ul><li>b. 2, as stated in</li><li>c. Net ownership</li></ul>   | p/lease expense for Vehicle 2   | \$ Subtract Line b from Line a. | \$ |
| 25  | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   |   |                                 | \$ |
| 26  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.   |   |                                 | \$ |
|     | Do not include discretionary amounts, such as voluntary 401(k) contributions.   |   |                                 | Ψ  |

|    | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term   |    |  |  |
|----|---|----|--|--|
| 27 | 27 life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  |    |  |  |
|    | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to   | \$ |  |  |
| 28 | pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not</b>   |    |  |  |
|    | include payments on past due obligations included in Line 44.   | \$ |  |  |
| 20 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for            |    |  |  |
| 29 | education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |    |  |  |
|    |   | \$ |  |  |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.                   | \$ |  |  |
|    | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on   |    |  |  |
| 31 | health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not</b> |    |  |  |
|    | include payments for health insurance or health savings accounts listed in Line 34.   | \$ |  |  |
|    | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as                 |    |  |  |
| 32 | pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and   |    |  |  |
|    | welfare or that of your dependents. Do not include any amount previously deducted.  | \$ |  |  |
| 33 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.  | \$ |  |  |
|    | Subpart B: Additional Living Expense Deductions   |    |  |  |
|    | Note: Do not include any expenses that you have listed in Lines 19-32   |    |  |  |
|    | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in   |    |  |  |
|    | the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  |    |  |  |
| 34 | a. Health Insurance \$  |    |  |  |
|    | b. Disability Insurance \$  |    |  |  |
|    | c. Health Savings Account \$  | \$ |  |  |
|    | Total and enter on Line 34.   | Ψ  |  |  |
|    | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space  |    |  |  |
|    | below:  |    |  |  |
|    | \$  |    |  |  |
|    | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically          |    |  |  |
| 35 | ill, or disabled member of your household or member of your immediate family who is unable to pay for such  |    |  |  |
|    | expenses.   | \$ |  |  |
| 36 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or      |    |  |  |
|    | other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  | \$ |  |  |
|    | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local  |    |  |  |
| 37 | Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount                 |    |  |  |
|    | claimed is reasonable and necessary.  | \$ |  |  |
|    | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you catually in any next to average \$1.27.50 per shill for attendance at a private or republic alarmeters or secondary.          |    |  |  |
| 38 | actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with</b>             |    |  |  |
|    | documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  | Φ. |  |  |
|    | necessary and not an eady accounted for in the TAS Stalluards.  | \$ |  |  |

| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.   |   |                        |  | \$ |
|----|--|---|------------------------|--|----|
| 40 | <b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).  |   |                        |  | \$ |
| 41 | <b>Total Additional Expense Deductions und</b>   | er § 707(b). Enter the total of Li  | nes 34 through 40      |  | \$ |
|    | Subpa  | art C: Deductions for Deb   | ot Payment             |  |    |
| 42 | Future payments on secured claims. For ea own, list the name of the creditor, identify th and check whether the payment includes taxe amounts scheduled as contractually due to ea bankruptcy case, divided by 60. If necessary Average Monthly Payments on Line 42.   |   |                        |  |    |
|    | Name of Creditor Prop  | perty Securing the Debt   |                        | Does payment include taxes or insurance? |    |
|    | a.   |   | \$                     | □yes □no                                 |    |
|    |  |   | Total: Add Lines       |  | \$ |
| 43 | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor |   |                        |  | \$ |
| 44 | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>   |   |                        |  | \$ |
| 45 | Chapter 13 administrative expenses. If you chart, multiply the amount in line a by the arm.  a. Projected average monthly Chapter b. Current multiplier for your district a issued by the Executive Office for U information is available at <a href="https://www.usd.nipsu.gov/www.usd">www.usd</a>   | 13 plan payment. s determined under schedules United States Trustees. (This |                        |  |    |
|    | <ul><li>the bankruptcy court.)</li><li>c. Average monthly administrative exp</li></ul>   | nense of Chanter 13 case  | x Total: Multiply Line | es a and h                               | Φ. |
| 46 | Total Deductions for Debt Payment. Enter   | ·   |                        | os a ana o                               | \$ |
| 40 | -  | art D: Total Deductions fr  |                        |  | \$ |
| 47 |  |   |                        |  |    |
| 47 | Total of all deductions allowed under § 70   |   |                        |  | \$ |
|    | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION  |   |                        |  |    |
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))   |   |                        | \$                                       |    |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  |   |                        |  | \$ |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.   |   |                        |  | \$ |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.   |   |                        | \$                                       |    |

|                         | Initial presumption determination. Check the applicable box and proceed as directed.   |                          |          |  |  |
|-------------------------|--|--------------------------|----------|--|--|
| 52                      | ☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.   |                          |          |  |  |
|                         | ☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.   |                          |          |  |  |
|                         | ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).  |                          |          |  |  |
| 53                      | Enter the amount of your total non-priority unsecured debt   | \$                       |          |  |  |
| 54                      | Threshold debt payment amount. Multiply the amount in Line 53 by the number  | \$                       |          |  |  |
| 55                      | Secondary presumption determination. Check the applicable box and proceed as directed.   |                          |          |  |  |
|                         | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.   |                          |          |  |  |
|                         | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  |                          |          |  |  |
|                         | Part VII. ADDITIONAL EXPENSE   | CLAIMS                   |          |  |  |
|                         | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                          |          |  |  |
| 56                      | Expense Description  | Monthly Amount           |          |  |  |
|                         | a.   | \$                       |          |  |  |
|                         | b.   | \$                       | _        |  |  |
|                         | c.   | \$                       | $\dashv$ |  |  |
|                         | Total: Add Lines a, b, c, and d  | \$                       |          |  |  |
| Part VIII. VERIFICATION |  |                          |          |  |  |
|                         | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors   |                          |          |  |  |
|                         | must sign.) Date: October 1, 2009 Signatur   | e: /s/ Kelly G. Helgeson |          |  |  |
|                         |  | Kelly G. Helgeson        |          |  |  |
| 57                      |  | (Debtor)                 |          |  |  |
|                         | Date: October 1, 2009 Signatur   | e /s/ JoAnn R. Helgeson  |          |  |  |
|                         | JoAnn R. Helgeson  |                          |          |  |  |
|                         |  | (Joint Debtor, if ar     | y)       |  |  |
|                         |  |                          |          |  |  |